Case: 3:09-cv-02989-JZ Doc #: 9-1 F
USM-285 is a 5-part form. Eil out the form and print 5 cop

U.S. Depart le l'artistice ZOUHARY United State United Exercic

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

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PLAINTIFF MARIO HARDAWAY			RECEIVEN	5 0	COURT CASE HUMB		
DEFENDANT		DEP	T. OF JUSTI	CE .	TYPE OF PROCESS		
JEFFERY FREEMAN et.al			01 00011	ا	summons and	d complair	nt
	DIVIDUAL, COMPANY, CORP	ORATIONET	¢∆ão serveor de	ESGRIPTIO	ON OF PROPERTY TO	SEIZE OR CO	NDEMN
SERVE TEFFERYER	REEMAN			- •			
AT ADDRESS (Str.	eet or RFD, Apartment No., City	, State and ZIB	GARTES MARS	SHAL		······································	
	HIGH STREET, COLUM		BISDISTRICT	OIHO			
SEND NOTICE OF SERVICE CO	PY TO REQUESTER AT NAM	IE AND ADDR	ESS BELOW HIO	Num	ber of process to be		
				served with this Form 285		2	
MARIO HARDAWAY, A#577-069 NORTH CENTRAL CORRECTIONAL INSTITUTION							~~~~~~~~~~
					Number of parties to be served in this case		
PO BOX 1812, 670 MARION-WILLIAMSPORT RD.					2		
MARION, OH 43215					k for service		
L				on U.S.A.			
SPECIAL INSTRUCTIONS OR C			IN EXPEDITING SE	ERVICE (<u>I</u>	nclude Business and A	lternate Address	<u>:es,</u>
All Telephone Numbers, and Estin	mated Times Available for Servi	ice):					Fold
•							
Mario 2	adaway						
Signature of Attorney other Origina	ntor requesting service on behalf	of: 🗶	PLAINTIFF	TELEPHO	NE NUMBER	DATE	
<i>₹</i>			DEFENDANT	740-38	7-7040	12-18	1-09
SPACE BELOW FO	R USE OF U.S. MA	RSHAL O	NLY- DO N	OT WE	RITE BELOW	THIS LIN	Œ
I acknowledge receipt for the total	Total Process District of	District to	Signature of Autho	***************************************		Date	terroritism de la companya de la com
number of process indicated.	Origin	Serve	6				(and
(Sign only for USM 285 if more than one USM 285 is submitted)	No (OC)	No. 60	V			3/	22/1
I hereby certify and return that I on the individual, company, corpor		ive legal evidenc					
						, address miserae	
	I am unable to locate the individ	auai, company, c	corporation, etc. name	C) SYOUR DE			
Name and title of individual served (if not shown above)					A person of suitable age and discretion then residing in defendant's usual place		
					of abode		F
Address (complete only different the	an shown above)				Date	Time	Пат
					3/31/10	13:00	pm
					Signature of U.S. Ma	rshal or Dentity	
						20)=	
Service Fee Total Mileage C	Charges Forwarding Fee T	Total Charges	Advance Deposits	Amou	ot owed to U.S. Marsha	一	- 3
including endea	vors)			(Amor	int of Refund ⁺)	7 E.S. 70	
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REMARKS:			ı	1	Ψονοξ	등존등 -	
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PRINTS COPIES: 1. CLERK O	OF THE COURT				PRIOR E	DITIONS MAY	BE USED

- USMS RECORD
 NOTICE OF SERVICE
 BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
- 5. ACKNOWLEDGMENT OF RECEIPT

0202) E8	CERTIFIED (Domestic Mail O	U.S. Postal Servicem CERTIFIED MAIL (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com OFFICAL USE						
Z M								
<u>,_</u>	Postage	\$						
0007	Certified Fee		Postmark					
	Return Reciept Fee (Endorsement Required)		Piere					
3770	Restricted Delivery Fee (Endorsement Required)		100					
	Total Postage & Fees	\$						
7003	Sent To Te ffen free from							
or PO Box No. SI NON HILL ST								
city, State, ZIP+4 Columbus, OF 43215								
	PS Form 3800, June 200)2	See Reverse for Instructions					

